

Texas WIC Medical Request for Formula/Food

Release of Information/Divulgación de la Información

I authorize the health care provider/clinic to release information to the WIC Program and the WIC Program to release information to this health care provider/clinic. All information is considered confidential.

Doy mi autorización para que mi proveedor de servicios de salud o clínica divulgue la información médica al programa de WIC y autorizó el programa de WIC a divulgar información a este proveedor de servicios de salud o clínica. Toda la información es confidencial.

Signature of Parent/Guardian/ Firma del Padre/Tutor

For directions on completing the form and other information, see reverse side.

A. Required Patient Information

Patient's Last Name _____ First Name _____ DOB _____
Parent/Caregiver's Name _____
Date of Measurements _____ Length _____ Weight _____

If premature: Birthweight _____ Weeks Gestation _____

B. Formula and WIC Supplemental Foods

Name of Formula — Note: Full provision issued unless ounces per day are indicated.	Ounces per Day

Qualifying medical condition _____

Requested length of issuance ☐ 6 mo. ☐ 3 mo. ☐ 1 mo. ☐ Other _____

Check one ☐ Issue full provision of supplemental food **OR** ☐ Issue modified foods as specified below

Request is subject to WIC approval and provision based on program policy and procedure.

Check below if age-appropriate supplemental foods should not be provided:

☐ No supplemental foods allowed. Provide formula only.

☐ Modified* — Check the foods listed below that need to be omitted from the participant's food package for medical reasons.

Special Instructions/Comments

*Modified WIC Supplemental Foods to Omit

Infants (6–11months)

- ☐ Infant cereal
☐ Infant food

Children (1–5 Years) and Women

- ☐ Milk ☐ Eggs ☐ Cereal ☐ Juice ☐ Beans
☐ Cheese ☐ Peanut butter ☐ Whole grains ☐ Fruits/Vegetables

For noncontract standard formula requests such as Enfamil or Good Start (milk/soy-based) products only: A retrial of contract formula shall occur at the end of the approved time period (1–3 months). If trial is medically contraindicated, please state reason.

☐ Trial medically contraindicated due to _____

C. Soy Package for Children — Note: Full provision of foods will be provided unless checked in *Modified WIC Supplemental Foods to Omit above.

☐ Issue soy formula (Name) _____ ☐ Issue soy milk ☐ Issue tofu (instead of cheese)

Check qualifying medical condition for soy milk and/or tofu as a milk substitute. (Note: Personal preference is not a qualifying condition)

☐ Milk allergy ☐ Lactose intolerance ☐ Vegan diet ☐ Other (Specify) _____

D. Gluten Free Cereal Package for Children and Women.

☐ Issue gluten-free cereal. **Check qualifying medical condition for gluten free cereal.** ☐ Celiac disease ☐ Other (Specify) _____

(Please note that cow's milk will be provided in this food package for children unless soy milk, soy formula is requested under Section C.)

E. Required Health Care Provider Information

Signature of Health Care Provider _____ ☐ MD ☐ PA ☐ DO ☐ NP Date _____

Provider's Name (Please Print) _____

Fax No. _____ Phone No. _____

Notes/Comments

SIGNATURE
STAMP

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Directions

Please complete sections A and E for all patients. Please return the form to participant's WIC Clinic. The form may be faxed.

- Complete section B for medical formula and food
- Complete section C for soy milk and/or tofu for children
- Complete section D for gluten free cereal option

Federal regulations require all WIC programs to obtain a formula rebate contract to help contain costs. Texas WIC currently has a contract with Abbott Nutrition, makers of Similac brand formulas.

The following contract formulas do not require medical documentation for infants younger than 12 months:

- Similac Advance (Early Shield) – Milk-based
- Similac Sensitive — Lactose-free
- Isomil Advance — Soy-based
- Similac Sensitive R. S. — Milk-based, lactose-free, added rice-starch
- Go and Grow Milk (from 9–12 months) — Toddler milk-based
- Go and Grow Soy (from 9–12 months) — Toddler soy-based

All other formulas require medical documentation on the reverse side of this form. All formula requests (including the ones listed above) for women or children 12 months or older also require medical documentation. **For metabolic products please use the Texas WIC Metabolic Request for Formula/Food.** This form can be found online at <http://www.dshs.state.tx.us/wichd/nut/pdf/metarx.pdf>

Qualifying conditions for formula requests include but are not limited to:

- severe food allergy
- prematurity/low birthweight
- gastrointestinal disorders
- heart or renal disorder
- failure to thrive (not to be used for picky eaters or manipulation of body weight)
- immune system disorders
- inborn errors of metabolism and metabolic disorders
- life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status

Qualifying conditions do not include: colic, constipation, or benign spitting up.

Full Provision of WIC Formula and Food	
Infants (Approximately)	Children and Women (Approximately 29 oz formula/day)
<ul style="list-style-type: none">• 0–3 months of age: 26 ounces formula/day• 4–5 months of age: 29 ounces formula/day• 6–11 months of age: 20 ounces formula/day, 24 ounces infant cereal, 32 four ounce containers infant food fruits/vegetables	<ul style="list-style-type: none">• Eggs 1 dozen/month• Fruits/Vegetables — \$6–\$10• Cereal 36 ounces/month• Cheese 1 pound/month• Milk up to 4 gallons/month (children approx. 13–17 ounces/day)• Juice 1 gallon/month (children approx. 4 ounces/day)• Whole grains 1–2 pounds/month• Beans 1 pound/month• Peanut butter 18 ounces/month (2 yrs and older only)

WIC is a supplemental food program. Infants who are not breastfed may require more formula than WIC is able to provide.

Web Resources

TexasWIC.org (<http://www.texaswic.org>) — Web site link for health care providers

Texas WIC Formulary (<http://www.dshs.state.tx.us/wichd/nut/formula-nut.shtm>) — includes all formulas that can be provided by WIC and reasons for their issuance.

For WIC Use Only

